



Autotracking

Commissioning Sheet

Device Type LMT Lite LMT Portable
Autotrack Number _____ Commission Date ____/____/____
Client Name _____
Vehicle Name _____ Rego. No. _____
Vehicle Type _____ Colour _____
Driver Name _____
Ignition Connected Yes / No
Input 1 Connected Yes / No High / Low Input _____
Input 2 Connected Yes / No High / Low Input _____
Email address for reports _____@_____

Reports to Email

Ignition On Ignition Off
Input 1 Input 2
Poll Fail 1 hour
Over Speed _____ kmph

Username for Web Login _____

Password for Web Login _____

Password must include 2 Letters, 2 Numbers and a symbol (! @ # \$)

Billing Details

Billing Name _____

Billing Address _____

Contact Person and Number _____

Email Address for Accounts _____

Name On Card _____

Credit Card Number _____ Exp _____

Please Email to sales@autotracking.com.au
Fax to 03 5962 1672 or Post to Po Box 1669
Healesville 3777, Victoria